



UCC ELEVATOR DEVICES - ACCIDENT/INCIDENT REPORT

MUNICIPALITY: _____ DATE OF ACCIDENT: _____

Date when accident is reported to municipality: _____

Accident reported by: Name: _____ Telephone #: _____

Address: _____

Building Address: _____

Building Use: _____ Registration #: _____

Inspection Cycle: _____ Device: ID: _____ Type: _____

Owner: Name: _____

ADDRESS, CITY, STATE, ZIP CODE

Name(s) of the injured: _____

Accident resulted in: Death: _____ Injury: _____

Last inspection prior to accident: Date: _____ Type: _____

Performed By: _____
License Number _____ Name _____

Were violations cited: YES _____ NO _____

Attach a copy of the latest inspection report prior to the accident and a copy of the list of violations when cited.

Latest certificate granted: Type: _____ Date Issued: _____

Expiration Date: _____

List of Codes; Reference Standards the device shall be in compliance with:

Device Data: Capacity: _____ Speed: _____ # of Floors Served: _____

Operation(s): _____ Machine type: _____

Door type: Hoistway _____ Car _____

Device Under Maintenance Contract: YES _____ NO _____

If yes, name of maintenance company: _____

NOTE: U.C.C F130 form shall be used to record S/U conditions and violations found during a special inspection.

Construction Official: _____
Name _____ Signature _____

Report prepared by: _____
Name _____ Signature _____